Shipper 20199 P. D. #53/17 2 Department of Health Services Shipper 20199 P. D. #53/17 2 Toxic Substances Control Division Sacramento, California State of Cabromia—Health and Welfars Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88) Please print or type. (Form designed for use on elite (12-pitch typewriter). Manifest Document No. 1. Generator's US EPA ID No. 2. Page 1 UNIFORM HAZARDOUS Information in the shaded areas of A X 00 10 10 38 10 34 is not required by Federal law. WASTE MANIFEST Generator's Name and Mailing Address A. State Manifest Document Number 885 F.M. Thomas Co. 92521 231 Gemini Ave., Brea, CA Generator's Phone (公主 714-738-1062 C. State Transporter's ID 5 Transporter 1 Company Name US EPA ID Number D. Transporter's Phone F.M. Thomas 1.800-852 Transporter 2 Company Name US EPA ID Numbe E. State Transporter's ID F. Transporter's Phone G. State Facility's ID 9 Designated Facility Name and Site Address US EPA iD Number CALL CAD014121214 Omega Recovery Services H. Facility's Phone 12504 E. Whittier Blvd. CALIFORNIA C A D 04 2 2 45 0 0 1 Whittier, CA 90602 13. Total Quantity 12. Containers Unit Waste No. 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Wt/Ve No Type State 1-800-424-8802; WITHIN NA 9189 Hazardous Waste Liquid NOS FPA/Other DIM 1210 (R-11)N State ER EPA/Other State EPA/Other CENTER State d EPA/Other K. Handling Codes for Wastes Listed Above RESPONSE J. Additional Descriptions for Materials Listed Above 01 C. d. NATIONAL 15. Special Handling Instructions and Additional Information 出 CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL, If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good OR faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. EMERGENCY Signature Printed Typed Name ONNIE DUET Transporter 1 Acknowledgement of Receipt of Materials Month Printed/Typed Name Signature AN DNNI PP 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Day Signature Printed Typed Name 19. Discrepancy Indication Space C 1 receipt of hazardous materials covere 20. Facility Ow or Operator G fitication Month Day INSTRUCTIONS ON THE BACK White: TSDF SENDS THIS COPY TO DOHS WITHIN 30/04YS DHS 8022 A (1/87) EPA 8700—22 (Rev. 9-86) Previous editions are obsolete. To: P.O. Box 3000, Sacramento, CA